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CONFIRMATION NO. 8235

SERIAL NUMBER 10/815,367	FILING DATE 04/01/2004 RULE	CLASS 361	GROUP ART UNIT 2841	ATTORNEY DOCKET NO. 10301US02
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APPLICANTS

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 ** CONTINUING DATA ***** *HB - Yes*

This application is a DIV of 09/992,712 11/19/2001 PAT 6,738,259

 ** FOREIGN APPLICATIONS ***** *HB - None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/17/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 9	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>HB</i>		
Verified and Acknowledged				

ADDRESS

Imation Corp.
 P.O. Box 64898
 St. Paul, MN
 55164-0898

TITLE

Device having a slot capable of receiving at least four types of memory cards

FILING FEE RECEIVED 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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